AISA
HALL OF FAME NOMINATION FORM

DATE ____/____/______

I. NOMINEE INFORMATION

Name: ______________________________________________________________________

                                      Last                First                Middle

Address: _____________________________________________________________________

City: ___________________________ State: _____ Zip:_________________

Telephone: Home (  )______________________ Other (  )__________________________

Age: ________ Date of Birth: _____/___/_______ Place of Birth: __________________

Deceased: Yes_____ No_____

II. EDUCATION

High School: __________________________________________ Year Graduated: ________

Address: ____________________________________________

City: ___________________________ State: _____ Zip:_________________

College: _____________________________________________ Year Graduated: ________

Address: ____________________________________________

City: ___________________________ State: _____ Zip:_________________

Other earned degrees (master’s, doctorate, etc.): _____________________________________

_____________________________________________________________________________

_____________________________________________________________________________
III. NOMINEE SUPPORT

The nominee must be supported by the following: (NOTE: Any supportive material must be completely and thoroughly documented).

1) Two letters of recommendation.

2) A statement describing the specific activities and/or accomplishments which make this nominee a viable candidate for the AISA-HOF

IV. NOMINEE’S PROFESSIONAL AND/OR VOCATIONAL HISTORY

Please list the nominee’s professional and/or vocational history and accomplishments in reverse chronological order in the chart below.

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<tr>
<th>Position</th>
<th>Dates of Service</th>
<th>School/System or Employer</th>
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V. ACTIVITIES (church, civic and/or charitable)

VI. SIGNIFICANT HONORS
VII. SPONSOR INFORMATION

Name: ______________________________________________________________________

Last                                                      First                              Middle

Address: _____________________________________________________________________

City: ______________________________________State: ________Zip:_________________

Telephone: Work (     )______________________ Other (     )__________________________

Age: ________  Date of Birth: _____/_____/_______ Place of Birth: __________________

Vocation: ____________________________________________________________________

Title/Position: ________________________________________________________________

Employed by: ________________________________________________________________

Address: _____________________________________________________________________

City: ______________________________________State: ________Zip:_________________

Telephone: Work (     )______________________ Ext. (     )__________________________

Relation to Nominee: __________________________________________________________

There will be a nomination fee of $100.00 per nominee. This fee is non-refundable.

VIII. SPONSOR’S PERSONAL REMARKS

SUPPORTING NOMINEE

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

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